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CONFIRMATION NO. 4407

<b>SERIAL NUMBER</b> 10/555,585	<b>FILING OR 371(c) DATE</b> 11/04/2005 <b>RULE</b>	<b>CLASS</b> 297	<b>GROUP ART UNIT</b> 3636	<b>ATTORNEY DOCKET NO.</b> 08806.0187-00
<b>APPLICANTS</b> Par Nylander, Jonkoping, SWEDEN; Per Ekelin, Villinge, SWEDEN; Bo Persson, Loddekoping, SWEDEN; <i>RBW</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE04/00675 05/04/2004				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0301293-7 05/05/2003 <i>RBW</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/13/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>RBW</i>		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 11
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 22852				
<b>TITLE</b> Patient chair with a vertically movable seat				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	